

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of New Mexico



CARMELITA M. DESIDERIO, as
Personal Representative of the Estate of
PHILLIP R. CURLEY, deceased

Plaintiff(s)

v.

UNITED STATES OF AMERICA,
JANELLE D. JONES, M.D., and
JOY G. HARRISON, M.D.,

Defendant(s)

Civil Action No. 1:23-cv-00057-SCY-KRS

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* THE UNITED STATES OF AMERICA
c/o Alexander M. M. Uballez
United States Attorney for the District of New Mexico
Southwest Regional Office
PO Box 607
Albuquerque, New Mexico 87103

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Brewster S. Rawls
David A. Tierney
Rawls Law Group
211 Rocketts Way, Suite 100
Richmond, Virginia

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: Thursday, February 09, 2023

CLERK OF COURT



Denisse Rincon

Signature of Clerk or Deputy Clerk

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Civil Action No. 1:23-cv-00057-SCY-KRS

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

CARMELITA M. DESIDERIO, as
Personal Representative of the Estate of
PHILLIP R. CURLEY, deceased

Plaintiff,

v.

No. 1:23-cv-00057-SCY-KRS

UNITED STATES OF AMERICA,
JANELLE D. JONES, M.D., and
JOY G. HARRISON, M.D.,

Defendants.

AFFIDAVIT OF SERVICE ON THE UNITED STATES ATTORNEY
FOR THE DISTRICT OF NEW MEXICO ON BEHALF OF
THE UNITED STATES OF AMERICA

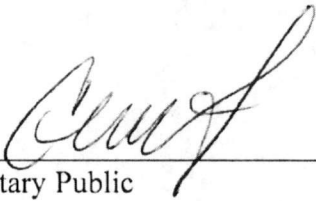
STATE OF NEW MEXICO)
) ss.
COUNTY OF MCKINLEY)

I, Sarah Benally, upon oath depose and state:

1. I am resident of the State of New Mexico and over eighteen (18) years of age.
2. I served a Complaint to Recover Damages for the Wrongful Death Resulting from Medical Negligence Arising Under The Federal Tort Claims Act, Summons, and Notice of Judge Assignment, via pre-paid postage, certified mail, return receipt requested, on the United States Attorney for the District of New Mexico via the Civil Process Clerk in Albuquerque, New Mexico on February 13, 2023 [See Return Receipt attached hereto].


Sarah Benally, Affiant

SUBSCRIBED AND SWORN to before me this 16 day of February, 2023 by
SARAH BENALLY.



Notary Public

My Commission Expires:

09/17/2026

**State of New Mexico
Notary Public
Christina R Martinez
Commission Number 1123241
Expiration Date 9/17/ 2026**

7014 3490 0001 7561 8835

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only


For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Civil Process Clerk*
U.S. Attorney for the District of NM, SW Regional Office
Street & Apt. No.
or PO Box No. *PO Box 607*
City, State, ZIP+4
Albuquerque, NM 87103

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Civil Process Clerk U.S. Attorney for the District of NM Southwest Regional Office PO Box 607 Albuquerque, NM 87103	B. Received by (Printed Name) <i>John DOWNS</i> Date of Delivery <i>2/13/23</i>
 9590 9402 4590 8278 3279 39	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
2. Article Number (Transfer from service label) 7014 3490 0001 7561 8835	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt